

**FOR INSTRUCTIONS, SEE BACK OF FORM****CHECK ONE:**

- ☒ This is an **Initial\*** Statement of Organization  
☐ This is an **amended\*** Statement of Organization

\*An Initial Statement of Organization should be filled within 10 days of the committee's accepting contributions, making expenditures or incurring indebtedness exceeding \$750. Amendments should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

<b>FORM DR-1</b> (Rev. 01/2003)	<b>STATEMENT OF ORGANIZATION</b>
<b>For Office Use Only:</b>	
Comm. # _____	Indexed _____
Audited _____	Computer _____

**COMMITTEE NAME**

Committee to Elect Jody Anderson Supervisor

IMPORTANT: Indicate type of committee you are reporting for:

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support slate of candidates (list candidates under purpose of committee)

**COMMITTEE TREASURER****COMMITTEE CHAIR**

Name: Stacey Anderson  
Mailing Address: 821 Richmond Ave  
City, State, Zip Code: Iowa Falls, Ia 50126  
Phone (641): 648 3932  
e-Mail: jsanderson89@msn.com

Name: Ruth Anderson  
Mailing Address: 219 South Ave  
City, State, Zip Code: Iowa Falls, Ia 50126  
Phone (641): 648 9216  
e-Mail: \_\_\_\_\_

INDICATE PURPOSE OF COMMITTEE - Check One Box ☒ Advocate for/against candidate(s) ☐ Advocate for/against ballot issue(s)  
Comment or description:

All Candidates Enter:  
Office Sought: Hardin County Supervisor

District: Hardin County

Political Party (if applicable): Democrat  
County/Local Candidates and Local Ballot/Franchise Committees Enter:  
County: Hardin

Year Standing for Election: 2010

Date of Election: 11-02-2010

Bank Account Name: Committee To Elect Jody Anderson Supervisor  
Name of Financial Institution/type of Account: Iowa Falls State Bank / Checking  
Mailing Address: 821 Richmond Ave  
City, State, Zip: Iowa Falls Ia 50126

Candidate name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor:  
Jody Lewis Anderson  
Mailing Address: 821 Richmond Ave  
City, State, Zip: Iowa Falls Ia 50126  
Phone (641): 648 3932  
e-Mail: \_\_\_\_\_

**DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION**

Indicate disposition of funds by marking appropriate number in box ☐

(1) DONATED TO: COUNTY CENTRAL COMMITTEE

(2) DONATED TO: LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)

(3) DONATED TO CHARITABLE ORGANIZATION

(specify) \_\_\_\_\_

(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)

(5) PARTISAN CONGRESSIONAL DISTRICT FUND

(6) PRORATED REFUND TO CONTRIBUTORS

(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE (CANDIDATES ONLY)

(8) RETURN TO PARENT ENTITY GENERAL FUND (PACS ONLY)

(9) OTHER (PACs ONLY), PLEASE BE SPECIFIC

**STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITICAL COMMITTEES, BY CHAIRPERSON**

I am aware that I am required to file disclosure reports if the committee receives contributions, makes expenditures, or incurs indebtedness in excess of \$750.00 in a calendar year to expressly advocate for any candidate or ballot issue. I understand that although the treasurer normally prepares and files reports, the candidate or chairperson (PACs) is responsible under the law for accurate and timely disclosure reports and that late-filed reports are subject to civil penalties and possible other legal action. I understand that by filing this form, I am subject to the laws found in Iowa Code chapter 68, chapter 68B and administrative rules found in chapter 351. I affirm that all committee officers have been informed of their appointment and obligations.

Stacey A. Anderson

Signature of Treasurer

Jody Lewis Anderson

Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson

8-17-2010

Date Signed

8-17-2010

Date Signed